GLANFORD BRIGG RURAL DISTRICT COUNCIL

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

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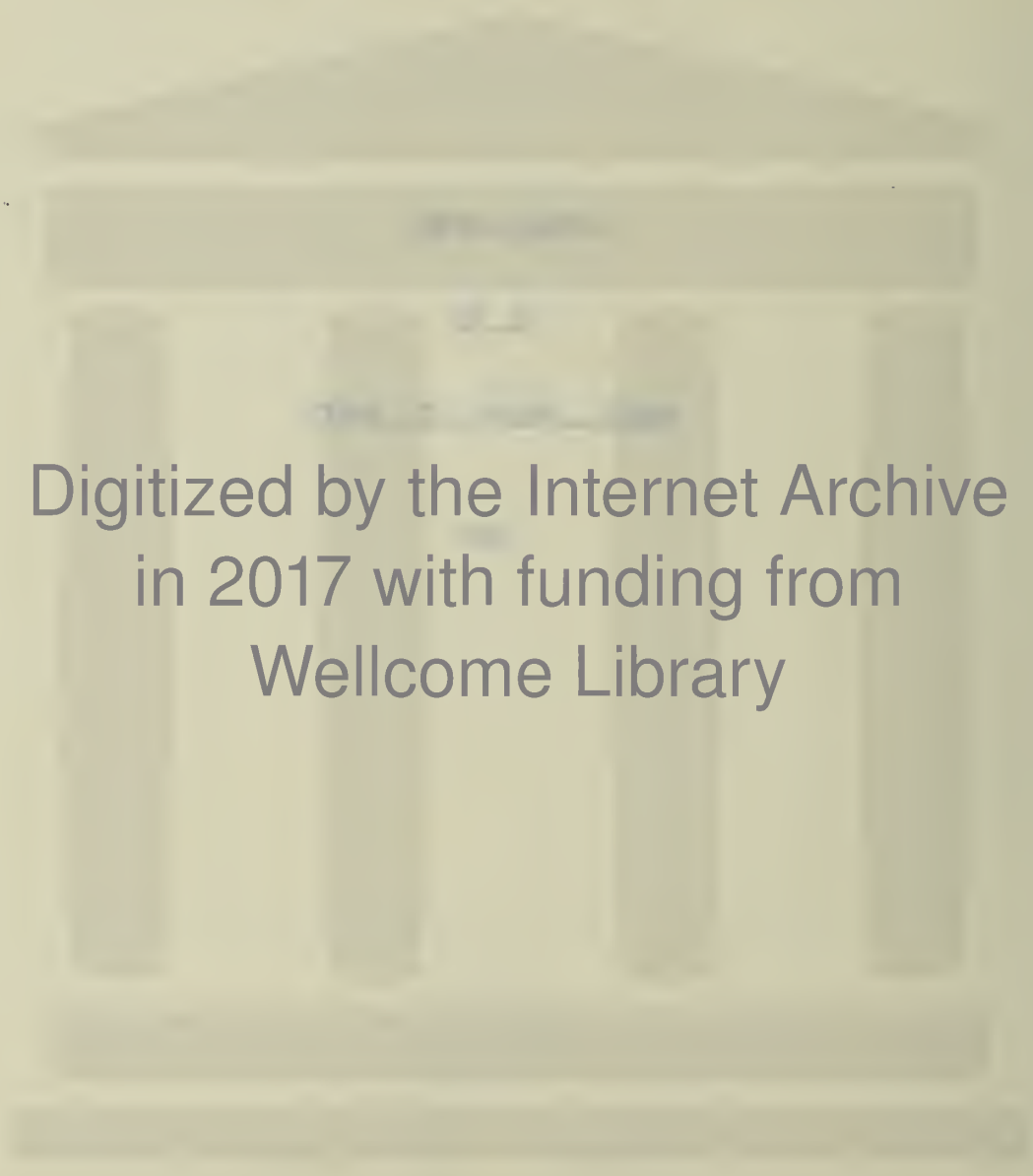

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Public Health Department,

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BARTON-ON-HUMBER.

To the Members of the Health Committee of the
Glanford Brigg Rural District Council.

Mr. Chairman, Ladies and Gentlemen,

Last year, in the preface to my annual report I reviewed the principal factors which determine health. I endeavoured to show how important are the powers and duties of Local Authorities in the promotion of health, but was only able to deal with general principles. This year I shall confine my comments to a more restricted field, but deal with it in greater detail. In view of the favourable reception which last year's report received I am continuing the policy of putting information and comment in a rather long preface, and leaving the dry tabulated information at the end for those with special interest to study.

One of the biggest fallacies ever to attract popular approval is the statement "All men are born equal". As the Archbishop of Canterbury recently pointed out men are born with widely differing abilities. Although the majority are of near average ability, a small proportion are endowed with great intelligence and the remainder are handicapped by mental dullness. Four people out of every hundred possess less than three quarters of the intelligence of the average person.

Such people are not able to overcome the minor problems of life with the same facility as those of us who are more fortunate. When faced with more difficult problems they are not only unable to cope, but do not even know from whom to seek advise. Since intelligence is largely genetically determined the relatives to whom such people may turn for advice are not infrequently equally handicapped. It is, therefore, not surprising that a proportion of the population prove unsatisfactory as employees, as housewives and mothers, get into debt and prove unsatisfactory tenants of houses. To a great extent they are people with less than average mental ability who have been faced with problems too difficult for them to overcome. Some may be people of average or above average intelligence who have suffered misfortunes such as none of us could withstand. These are fortunate, for they receive sympathy and help. Those whose problems look small to us tend not to receive the same understanding and help although their need may be greater. There is a tendency on the part of some of us to say "why doesn't he try to help himself"? Until we understand that many people are incapable of self help and that the results of helping them are well worth while, the number of "Problem Families" in the district is likely to increase. This is because inadequate parents often have large families. They do not understand how conception may be prevented, and not only do they have to face the ordinary burdens of life, but in addition must make one person's earnings feed, clothe, house and warm more dependents. Thus, having a smaller income per head than other people, they frequently occupy cheap, old and inconvenient houses whose rent is low. A woman, who is physically handicapped by the strain of repeated pregnancies tries to look after a large family of children and manage a dilapidated house. She may well be dull and have difficulty in doing simple monetary calculations. Add to her troubles the additional effort necessary to manage a house lacking proper washing and cooking facilities, and it is easy to understand that she may soon become disheartened and cease to attempt keeping her home as clean as we feel desirable. It must be remembered that during the later months of pregnancy even walking becomes an effort and stooping may be almost impossible. Repeated pregnancy often results in strain of sacro-illiac joints and thus in severe back ache.

Unless something is done to help such a family the children, whose ability may be as limited as that of the parents, will grow up having very low standards of cleanliness and behaviour The unsatisfactory conditions in the home cause the parents to be short tempered and the children may well lack that love and security which is necessary for the development of a satisfactory personality. The children therefore tend to become in their turn "Problem parents".

Thus two families of 10 children in this generation might give rise to 10 similar families in the next generation if they inter-married.

If adequate help is given to families of this type it is usually possible for them to steadily improve their standards and develop into good citizens. In some cases the reduced burden resulting from re-housing in a well designed modern house makes all the difference. In other cases help from Health Visitors and other social workers is necessary before any significant improvement results.

People who fail when faced with difficulties may prove well able to manage everyday affairs of life, given more favourable conditions. Their children, as a result, grow up having acceptable standards of cleanliness and behaviour and with a better opportunity of developing into satisfactory citizens. Provided they are not in their turn exposed to difficulties beyond their capacity the children from such families usually turn out well

There are a great many "Problem families" in the district, and I have during the year asked you to house a number of them. As a result of the administrative arrangement whereby the local parish representatives control the letting of council houses in their parishes, there is a great difference in the records of different parishes in this matter. I regret to say that in many parishes these families whose need is great are considered unfit to be tenants of council houses, and are never seriously considered.

Although I have stated that mental dullness is an important factor in causing social failure of families, I have no doubt that you can all of you bring to mind cases of dull people who are well adjusted to society and who present no problems. Many of you will also know intelligent people who develop into problem families. It is obvious, therefore, that there are factors of equal importance in the causation of social breakdown.

When the family histories of the present generation of problem families are studied, it becomes obvious that the most important of these factors is the type of family the parents come from. It has been found in other areas that many of these families can be traced back directly to the "Submerged Tenth" described by the early social reformers. Mental dullness, and maladjustment resulting from inadequate child care predispose people to react in this way, but attitudes and standards copied from parents are the common cause of the social failure of to-day's problem families. A small number may arise anew in each generation, but it is the self perpetuating nature of these families which provides the bulk of the present problem.

In some areas these families have been traced back to the terrible days of the Industrial Revolution, when large numbers of people were displaced from the land and sought their livelihood in the new factories. At this time women and their young children had to work 12 to 14 hours a day under intolerable conditions in order to attain a bare livelihood. Minor illness could result in loss of earning, starvation and death, and standards of child care and family life in some of the industrial areas fell to an unbelievably low level. Was it surprising that from a population brought up among the horrors depicted in Hogarths "Gin Lane" there should develop a group with low standards of behaviour, morals and hygiene. Indeed what is surprising is that so many were able to overcome the handicaps resulting from their early environment and gradually evolve into fine citizens! That the less able should fail to do this should not surprise us. Our characters are developed from the interaction of our environmental experiences after birth and the abilities and potentialities with which we were born. Where both factors are defective the development of an unsatisfactory personality would appear inevitable.

Let us however not be depressed by this state of affairs. The fact that many inadequate people can and do manage well should give us rear grounds for hope. Although we cannot prevent people being born with below average ability we can and should endeavour to improve the environment into which they are born, and by doing so reduce the number of social misfits in future generations.

In many areas social workers of Local Authorities and of Voluntary and National agencies co-operate and achieve good results in rehabilitating sub-standard families. By putting such a family in a good house and getting a dedicated person to train them in how to conduct their affairs, many can be converted into useful members of society. The Family Service Units have been doing this work ever since the war in a number of districts. In other areas, including ours the County Councils will provide home helps for families of this type, so that the mothers may be shown how to look after their homes and families. Assistance can often be given by the National Assistance Board, the Probation Officers, The National Society for the prevention of Cruelty to Children, Health Visitors, and the County Children's Officers.

In this area these and other relevant agencies co-operate with each other and hold "Case Conferences" in order to pool their knowledge and resources. Under the Chairmanship of Mr. Marshall, the Lindsey County Council Children's Officer, such a case conference was able to effect a remarkable improvement in the very first case it tackled in Brigg Urban District. Dramatic results however are not to be expected, and the effect of 30 years bad environment are unlikely to be overcome in a few months. Prolonged social help for a period of years is likely to be required by the majority of these families. The results achieved by the newly convened Case Conference in Brigg therefore exceeded most people's expectation, and fully justify the work of the conference.

It is to be hoped that during 1959 a Standing Case Conference to co-ordinate the social workers of the area may be established so that this type of rehabilitation may be undertaken in the Glanford Brigg area.

No amount of help from social workers however is likely to prove effective if the physical environment of the family is very bad. Not only is it difficult to get a home help to go to very bad premises, but, since no efforts on the part of tenant or home help can be expected to make the home comfortable, they will both feel that the effort is not worth while. Since many of these families have a grudge against society and feel that they are unfairly discriminated against it is hard to obtain their co-operation. The provision of a house not only gives them fresh hope and so stimulates new efforts for self improvement, but it goes a long way towards changing an antagonistic attitude to society into an attidude of co-operation. By ceasing to discriminate against the unsatisfactory tenant in the letting of council houses the council would be making a far bigger contribution than they realise to the future welfare of society.

The arguments against letting council houses to Problem Tenants are strong. Many people feel that is is unjust to give more consideration to those who have done nothing to help themselves than to those who make the best of their present circumstances. They also consider it wasteful of public money to build expensive houses and then let them to people who might turn them into slums. In addition they naturally prefer to have tenants who they are satisfied will pay the rent regularly and require the minimum of supervision. I must confess that many years ago, before I ever came into close contact with these problems I was inclined to adopt this attitude. The more one studies the problem, however, the less tenable appears this point of view. It is not those who are capable of looking after their own affairs who need help, but those who are incapable. Since councils are allowed greater control of their tenants than are private landlords, they are in a better position to bring pressure to bear on unsatisfactory tenants, and since councils employ staff who are trained in estate management, they can usually do more to assist their tenants than a private landlord can.

We are all anxious to see the general standard of housing in the area improved. If private landlords improve their property this will eventually mean that less council houses require to be built. Landlords however are reluctant to spend money on property occupied by problem tenants, and would probably make far greater use of improvement grants if their tenants took care of their houses and paid the rent regularly. Thus, not only is it unfair for the private landlords to have to house most of the problem tenants, but in the long run it results in greater expense for the councils who have to build more houses as more and more existing dwellings become slums.

This is an exciting century in which to live. The application of the scientific method has resulted in more rapid advance in technology than man has ever known before. In addition man has started, at last to examine more critically the reasons for and results of his actions in the social environment. As a result the penal system is slowly adapting itself to stress the element of reform, it having been shown that in the past imprisonment and hanging were poor deterrents and sometimes did more harm than good. Felons who are considered irreformable may be prevented from harming society by means of preventive detention, but those who are less hardened are now trained with a view to readjusting their attitudes so that they may, on release, become good citizens. One may hope that one day our prisons will become productive factories, whose profits may maintain prisoners families and recompense those wronged by the offenders. If during their sentence a valuable skill is acquired so that a good and interesting job can be obtained on release, a prisoner's chance of social rehabilitation would be greatly enhanced.

Let us apply this point of view to the problem tenant. Since everyone wishes for comfort and happiness, those who are capable of making their homes comfortable do so. Failure is due to lack of some sort of ability on the part of the family. Refusal to help such people will not deter other inadequate members of society from failing. The removal of unsatisfactory families from society to institutions is extremely expensive and in many ways undesirable. The principal harm done by problem parents is to their own children rather than society at large. Consequently institutionalisation, analogous to preventive detention in the penal system, lacks the merit of the latter. Just as the comfort and happiness which results, is the reward of those who can and do help themselves, so squalor is retribution to those who cannot. It is patently in the interests of society to do it's utmost to help to upgrade and reform it's less satisfactory members. I beg you all to bear this in mind in future when considering these cases.

All "Problem Families" are to some extent socially maladjusted, and mental illness is commoner in families which are socially maladjusted than in the rest of the community. Whether the mental abnormality causes the social breakdown or social maladustment predisposes to mental illness we do not know. Both influences react upon each other and so accentuate the problem. Whichever factor was primary the desirability of social rehabilitation is obvious. Effective social rehabilitation may assist in the treatment and prevent recurrence of mental illness. Consequently the work of a Case Conference co-ordinating the activities of social workers can be of great value, particularly if the council assist by housing these difficult families. It is not always easy to persuade these people to accept help or follow advice. The offer of housing accommodation can be a valuable method of gaining their co-operation.

In Holland, where this problem is being tackled in a most thorough and realistic manner, socially maladjusted families are rehabilitated in special housing estates called "Housing complexes". The housing shortage is very grave in Holland and it is the offer of a house which induces families to enter these schemes. I was recently priviliged to see two of the schemes, a large one - the Zuidplein Project in Rotterdam and a smaller one in the Thorbekker quarter of Haarlem. Both of these are estates of houses contiguous with other estates in the towns, but with their own community centres and staffs of social workers. Families admitted are provided with furniture on admission, but must pay back the cost of this at a rate determined after assessment of income and expenses. Provided they maintain repayments and rent and co-operate generally for three years they are "forgiven" the remaining part of the debt for furniture. There is thus considerable economic pressure towards continued cooperation by the family. By encouraging self-governing clubs for social activities, ranging from boxing and football to amateur dramatics, dancing, fishing and ping-pong, these people, formerly rejected by society are encouraged to become responsible and active members of society. A great deal is done to assist this rehabilitation by "Home Makers" similar to our home helps who along with other workers educate the mothers in house-keeping, cookery and child care

Since Local Authorities in England are permitted to provide furniture there is no reason why a modified scheme of this sort should not be provided here A group of older dwellings could be purchased and renovated to make a suitable estate of "intermediate" accommodation. Rents for such property would be lower than those for modern council houses and a small proportion could be let to non-problem families who wished for this on financial grounds. This would prevent any automatic stigma attaching itself to occupants of these houses. The Council could exercise it's powers under section 94 of the Housing Act, 1957, to supply furniture on "Hire Purchase" to the tenants. Although the full preliminary assessment of each case by psychiatrist, psychologist and sociologist which is undertaken in Holland would not be possible here, and social workers are not available on the same lavish scale, I feel confident that useful rehabilitation could be brought about by the combined efforts of Childrens Officers, N.S.P.C.C., Health Visitors and Home Helps. Since actual case work is the best training for this type of work, efficiency would increase with experience and a useful contribution to the health of the district should result. Of course there would be failures, for it is a very difficult and time consuming task. One should not expect success in every case, and be prepared to maintain effort over a long period. At Zuidplein there are 500 houses, and Rotterdam accept 50 families each year who have been rehabilitated and put them in new houses in the city. Thus the average length of stay in the rehabilitation scheme housing complex is ten years.

In Holland local authorities are obliged to offer a fixed percentage of their houses to problem families. This ensures that rehabilitated families can be moved to make way for further maladjusted families at a steady rate. In this country no such compulsion exists, but there is no reason why the families should not be rehoused voluntarily. I suspect that if a rehabilitation project were inaugurated here this would not be the difficulty for there would be some pressure to upgrade families prematurely in order to make way for those exhibiting worse problems. With careful planning and supervision, however, these difficulties could all be overcome.

It must not be concluded from this that grouping problem families in estates is the ideal way of treating all such families. Some families can be better helped if they are surrounded by well-adjusted families and in proximity to relatives such as mothers-in-law if the latter can give help and support. Only experience can teach us how to assess adequately which families should be handled in each way. Dutch experience has shown, however, that the majority of these families respond best to treatment in groups. By taking advantage of their experience we could reap a considerable advantage.

I feel sure that if you give this problem sufficient thought you will reach the same conclusion which I have arrived at, that eventually it will be an economic and social necessity to rehabilitate the socially maladjusted. The sooner such action is taken the less will be the final cost to the community in money, in health, and in human happiness.

Two of the big problems of our time are the problems of looking after old people, and the problems of mental ill health. Although at first sight you may feel that these are matters for the County Council and not the District Councils there are many ways in which the District Councils are involved.

As you are all aware society has undergone great changes during the past half century, and as a result of improved standards of living and improved health services the proportion of deaths occurring in infants and young children has been greatly reduced and the proportion of people who live to a ripe old age has been increased. Concurrently there has been a big reduction in the size of the average family and an increase in the mobility of labour, so that many family units migrate in search of work and do not continue to live in proximity to their parents. For all these reasons there is a steadily increasing number of old people who are without relatives to take care of them or whose families live too far away to be able to help. It is often said that families do less for old people to-day than they used to in the past, but this is not a fair or just criticism. Modern houses tend to be small, and it may often be predjudicial to the mental development of the children to take an aged person into the home. When families of 10 and more were common-place there was usually one who had a home which could accommodate "Grandmother"; often the burden would be shared by several. To-day the burden has to be bourne by a smaller number of children, and since there is a tendancy for even old people to live a little longer, the burden is increased.

Many of the old people deteriorate mentally and develop lowered standards of cleanliness and behaviour. This makes it very difficult to look after them in a home where there are young children. They become physically infirm and incapable of looking after the houses which they have hitherto occupied, and yet are frequently averse to moving.

The provision of easily run specially designed bungalows is of help for some of these people, and if an adequate home help service is available, and the old people can be persuaded to avail themselves of this, a great many can benefit. Further measures such as the provision of chiropody and "meals on wheels" services can also play a big part.

The provision of all these services, however, is difficult unless the dwellings are reasonably concentrated. The building of estates of old people's dwellings to facilitate social services, however, is objectionable since such segregation of the aged results in their isolation from the rest of the community and the too frequent visits of the undertaker are a depressing sight.

What seems to be required, therefore, is the building of small groups of old peoples bungalows near the centre of the village. Such dwellings should be of terrace type and without gardens, for old people are seldom able to dig. The building of this type of dwelling at Winterton is therefore a valuable step.

Many old people who are not fit enough to be fully independant could still remain adequately cared for in the community, instead of deteriorating until institutional care becomes necessary, if grouped dwellings with a warden were provided. Such grouped dwellings would render the provision of central heating possible, and a "common room" in which one cooked meal per day was provided could help to prevent the malnutrition which is so prevalent in the aged. Such a "common room" might also help to prevent loneliness and could also be made use of by a visiting chiropodist. Such a group of homes would form a compact terrace and might take the form of terraced bungalows with a central wardens house, or of a terrace of flats, the upstairs ones being let to normal tenants whose wives might be willing to undertake home help duties.

It is frequently very difficult to persuade old people to accept the services of a home help, but re-housing in this type of accommodation would assist, for the example of neighbours can do far more in this direction than persuasion by officials.

Because of their reluctance to accept the services of home helps many old people deteriorate until removal to an institution becomes necessary. There is still a great deal of predjudice against old peoples hostels, however, for the aged remember these premises as the "Work House" and this stigma still remains. In spite of this there is a grave shortage of welfare accommodation for old people in this area, and also a shortage of beds for the chronic sick.

During the past century great progress has been made, and the population to-day enjoy better physical health than ever before. Unfortunately the same cannot be said of their mental health. Mental illness is at least as common as ever it was, and if the real incidence of senile dementia is taken into account it is probably commoner than ever. Half the hospital beds in the country are devoted to the mentally ill. The prevention of mental illness is a matter of the gravest concern therefore. Although preventive medicine lacks the glamour of the curative branches it is really of the greater importance. Its results are less obvious but more desirabl In the case of mental illness, at present treatment commonly takes a great deal longer than it does for most physical diseases. Although the cost per bed per week of treatment in a mental hospital is much lower than that in a General hospital, the cost per patient treated is probably greater. Treatment, although greatly improved compared with the past is still less effective than one would wish. Patients are frequently improved sufficiently for discharge after a few weeks, but unfortunately they also have a tendancy later to relapse.

It is therefore particularly important that the causes of mental illness be determined and measures taken to deal with them. Mental health is after all more important in some ways than physical health. Many people who are crippled by physical disease or deformity lead useful and happy lives. A sound body is, however, of little use when the mind fails to function properly. The melancholic suffers greater misery than does the victim of physical disease. In addition, the stress to the relatives and friends is greater with mental than with physical disease.

What then do we know about the causes of mental illness? Unfortunately a great deal remains to be discovered, but it does appear that much mental illness has it's roots in childhood experience. One factor stands out - that of the relationship of mother to child. A newborn baby first learns how to establish relationships with others by forming a close bond with the mother. It is upon the foundation of a secure and continuing relationship with the one mother or mother substitute during the first few years of life that mental adjustment throughout life is based. Separation from mother for a month or two in early childhood can have serious and lasting consequences in a significant proportion of children. Similarly a great deal depends upon the quality of the parents love and the example they set. A change of "mother" figure such as occurs in adoption, or following the death of the "natural" mother may predispose to mental illness. This is now recognised, and the type of care provided in Local Authority Childrens Homes has been modified so far as possible. Hospitals are now asked to permit unrestricted visiting of children in hospital by mothers, and some instances mothers are now admitted with their children.

This is a step in the right direction, but does not go far enough. The mother with three children cannot enter hospital with the middle one and leave the others at home. In this area, where public transport facilities are poor she may find it very difficult to visit. When it is the mother who is ill and goes into hospital the children are not usually allowed to visit at all!

The matter must obviously be tackled in a far more realistic way. Arrangements should be made so that the children can visit their mother when she is in hospital, and both mother and child should be kept out of hospital and nursed at home whenever possible. Certainly after many surgical proceedures it should be possible to send patients home days earlier than is common practice, and let the G.P. and home nursing services deal with after care, removal of sutures and rehabilitation.

Such an ideal state of affairs would not be possible unless the housing standards are drastically improved. Many of the houses in the area are far too bad for domicillary care of the sick to be adequately carried out therein.

The new House Purchaseand Housing Bill, when it eventually becomes an Act should assist greatly in making the upgrading of houses in the area practicable. Let us make the best possible use of it, and encourage as many people as possible to take advantage of the new amenity grants. Not only will it make the home care of sick children more practicable but by making the house easier to run and so relieving the mother, the quality of maternal care may be improved with a consequent direct benefit to the future mental health of the children. We all get irritable when weary, and a mother who is always irritable can do grave harm to her childrens sense of security and mental adjustment.

The two main mental diseases show a marked "Social Class Gradient". Thatis to say they are very much commoner in the lower social classes than in the higher. These two diseases, known as thepsychoses - Schizophrenia and Manic Depressive Psychosis - form the greater part of the load on our mental hospitals today. The gradient is particularly well marked in the case of Schizophrenia which is not only the commonest cause of admission to mental hospitals but also, since it's incidence is highest among people aged 20 to 25, of the greatest economic importance to the nation. The "First Admission Rates" to mental hospitals on account of Schizophrenia for single men aged 20 and over were, in the years 1949 to 1953, four times higher in Social Class V (unskilled labourers) than in Social Class I (Professional). The rates for the intermediate classes formed a steady gradient between these extremes. Among married men over the age of 20 the admission rates for social class V were 3 - 4 times as great as in Social Class I. In all social classes Schizophrenia seems to be about 8 times commoner in single people than among those who have married.

These are striking figures, but we would not be justified in concluding from them the poverty, poor housing or failure to marry was the cause of Schizophrenia. It may be, for instance, that the personality defect of a person who is liable to schizophrenia renders him less able to make satisfactory personal relationships and so less likely to marry than other people. The social class distribution of intelligence shows a considerable gradient, and low intelligence may predispose to mental illness. Traditions of behaviour and standards of child care vary with social class and may also be factors. Environmental factors, occupational and social stresses may play a part. Economic pressures result in many young mothers leaving their infants in the care of others while they go out to work more frequently in the lower social classes, and this may result in impairment of the childs ability to make good personal relationships and predispose to mental illness.

The study of all these influences by Public Health departments may well be facilitated when the new mental health bill increases the local authorities part in the care of the mentally ill. It is the investigation of these, the mass aspects of disease in the community which is meant by the word Epidemiology, and which is the most fascinating and valuable part of Public Health work.

It is an extraordinary fact that almost every worthwhile advance towards improved health is bitterly opposed at first. The possibility of preventing smallpox by vaccination was demonstrated by Jenner, and although it provoked bitter opposition this measure was eventually made compulsory, and resulted in the elimination of the disease from these islands. To-day dental decay is more prevalent they any other disease. There is a national shortage of dentists. The national diet is such that the situation is likely to become even worse.

It has been known for years that fluoridation of water supplies results in the formation of decay-resisting teeth in children, and that the incidence of decay may be reduced by 60% in this way. It has also been demonstrated that in the concentration of one part per million required to protect teeth, the substance is completely harmless. Even when four times this amount of fluoride is present in water there are no physical ill effects. A proportion of teeth show a mottled discolouration at this level but they are healthy and decay-resisting. It is true that at very high levels of intake stiffening of joints and the formation of irregularities on bone surfaces result, but then excessive consuption of common salt, iodine and vitamin D also cause disease, although all are admitted to be essential to health. There appears to be an optimumlevel of intake for many essential substances. If too little is taken one kind of illness results, and if too much is taken another disease occurs. Fortunately the margins of safety are very wide, and we do not have to worry about most of these substances. There are a few, however, which are only present in barely adequate amounts in our diet. For instance many women require slightly more iron than their diet containsand become slightly anaemic. Fluorine, however, is deficient in the majority of areas in this country, and in districts such as this where only 0.075 parts per million is present in the water the deficiency is probably universal.

In spite of the evidence to hand, which is most extensive and impressive, there has been strong opposition to the fluoridation pilot schemes in this country by a very vocal minority. In one of the four demonstration areas the local government elections resulted in theopposers of fluoridation gaining a majority on the council and the fluoridation scheme was discontinued.

If we are to enjoy the benefits of fluoridation in this area it will be necessary to educate the public first. You, the elected representatives of your parishes can do a great deal to stimulate public demand, and so bring nearer the day when fluoridation is introduced here. Public demand must be stimulated first, for if an attempt is made to impose fluoridation from above, the anti-fluoridation minority, with their appeal to emotion instead of reason, might well win the day. I therefore appeal to all responsible people in the area to discuss this topic and help to stimulate public demand.

Although our Health and Social Services in this country are among the best in the world they are far from perfect. So far as the Health Servicesare concerned the major faults result from their division into three parts, Hospital, General Practitioner, and Public Health, and the lack of co-ordination between these. It is true that good co-operation between the General Practitioners and both Public Health and Hospital Services obtains at a peripheral level, and that there is also some consultation and co-operationbetween Regional Hospital Boards and the major local health authorities. Unfortunately the same cannot be said of the relationship between the Hospital services and the County District Councils, and the relationship between the hospitals and the School Health Service leaves much to be desired. In this matter of co-ordination of services we have a great deal to learn from some of the less well developed countries such as Yugoslavia.

A glaring example of the poor co-ordination between Hospital and Public Health Services occurred in this area in the early months of 1958. The Regional Hospital Board wished to undertake major extensions at the Scunthorpe War Memorial Hospital and transfer the Radiotherapy Centre from that Hospital to St. Georges Hospital, Lincoln. In order to facilitate this work they decided to transfer the Radiotherapy patients from the War Memorial Hospital to the Brumby Isolation Hospital, so reducing the number of beds available for infectious diseases from 22 to 8. They made this decision without informing or consulting the District Councils, who are the responsible authorities under the Public Health Act, 1936 for the control of infectious diseases in the community. It was only because the Medical Officer of Health for Scunthorpe was at that time employed by the Board as medical superintendant of the Isolation Hospital that the District Councils were made aware of what was happening. Even when requested by letter for information the Board showed great reluctance in giving it, and it was only as a result of considerable pressure that they sent out a memorandum about it. This memorandum was a remarkable document, for it endeavoured to show by abuse of statistics that 8 beds were sufficient for the needs of the area. Their argument was that because in other areas, where factors such as housing, population structure, and availability of isolation cubicles in general hospitals childrens wards, made conditions quite different, the mean daily bed occupancy of the isolation hospitals was 7 per 100,000 population in the area served, the provision of 8 beds for a population of 106,000 would be adequate.

It is wellknown that the decision as to whether an infectious case can be nursed at home or must be admitted to hospital depends in part upon the housing conditions, and it is also well known that infectious diseases do not occur at a steady rate throughout the year, but have a seasonal incidence. In addition it is quite obvious that planning for 100% bet utilisation in the case of infectious disease is unrealistic since such a state can only be maintained if there is a waiting list for admission - an absurdity when applied to infectious diseases.

I feel that we are entitled to expect responsible public authorities to take account of such factors, and, when using statistics to consider the variance as well as the mean. By approaching the authorities concerned at an earlier stage and by arranging to restrict the catchment area of the Brumby Hospital while ensuring an adequate provision of beds at neighbouring centres, the Board could have prevented the dispute which arose, and culminated in a meeting of all interested parties which was eventually held in Lincoln on 25th March.

At this meeting the Board gave assurances that the period of reduction in fever beds would be minimised and might in fact be avoided. An undertaking was given by the Medical Officer for the Board that in the event of an epidemic during the period of reduced bed provision the tuberculosis patients might be moved elsewhere to make twenty-two beds available for infectious diseases.

One danger which remained and on which no reassurance was given was that the closure of beds at Brumby might take place during the winter months when hazards of fog and snow might render ambulance journeys to more distant hospitals so slow as to cause risk to life during transport of seriously ill infectious patients. It is to be hoped that the Board will take all steps to avoid this.

There is no doubt that great benefits could accrue from an improved relationship between Hospital and Public Health Services. The District Councils could materially assist the hospitals by improving the home conditions of some patients, and endeavouring to eliminate environmental causes of disease, while the hospitals could assist the councils by providing regular information about morbidity from different causes in the community. It is true that in the case of notifiable infectious disease this happens at present, but most of the diseases of importance to-day are not notifiable. The District Councils cannot endeavour to eliminate the environmental causes of disease unless they know what these are. Hospital statistics, by showing the distribution of each disease in time and place, might well enable health department staffs to determine some of these and take effective preventive action. Routine provision of a copy of the report on every child below the age of 16 attending hospital, to the School Health Service would greatly increase the effectiveness of that service.

At present, in spite of recommendations from many quarters, including the Guillebaud report, that co-operation between public health and hospital services should be encouraged, little is done. The faults may well be evenly divided between the two services, but they remain. Hospitals claim exemption from the Food Hygiene Regulations and the Clean Air Act on the grounds that they are Crown property, instead of inviting the aid of the public health inspectors. No harm could result from such contacts, and both public health and hospital personnel could learn from each others experiences, to the benefit of the public at large.

It is a sad reflection upon our present society that we make so little use of knowledge at present available. Although we still have a lot to discover about the causes of disease there are many illnesses which we know how to prevent, but make no use of this knowledge.

Evidence is now fairly conclusive that cancer of the neck of the womb is common among wives of uncircumcised men but rare in wives of circumcised men. It appears thatasubstance known as smegma which accumulates in a skin fold of the uncircumcised male has cancer provoking properties. Although scrupulous daily hygiene would probably be as effective as circumcision, it is not easy in our society to persuade men of the need for this, for suggestions such as this provoke an emotional antagonism. Consequently the decline in popularity of circumcision which has occurred since 1950 will be reflected by the end of the century in an increased incidence of cancer of the cervix. There is no sign, however, of a return to popularity of the old practice of circumcision.

Cancer of the breast is less common among women who have breast fed their babies than among those who bottle feed. In spite of this, and the fact that breast fed babies, although commonly smaller, are healthier than bottle fed ones, many women elect to bottle feed their babies for reasons of personal convenience or emotional objection to suckling.

Although we know that vaccination against smallpox is an extremely valuable procedure and that diphtheria immunisation offers an extremely high degree of protection against a killing disease, many parents still fail to take advantage of these measures.

Poliomyelitis is a crippling disease with an appreciable mortality. Vaccination is 80% effective in preventing paralytic disease. Yet the response to the offer of vaccination to adolescents and young adults had been extremely poor.

Cancer of the lung and chronic bronchitis are both related to tobacco smoking and air pollution due to inefficient coal burning. Yet the national consumption of tobacco does not decline, and any suggestion that the old inefficient open coal fire be replaced by a more inoccuous appliance meets strong opposition.

Dental caries, which affects nearly every person in the community at some time, and which causes a vast amount of pain from toothache and some general illness and absenteeism from work could be reduced by 60% in the next generation if we would add fluoride to our water supplies, and could also be reduced appreciably by an improvement in our dietary habits. If less use was made of soft pulpy foods, we reduced our consumption of refined sugar, and we ate more of those foods which require mastication and have a cleaning action on teeth, a considerable benefit would accrue. In view of the national shortage of dentists, which owing to inadequate recruiting will become worse, it behoves us to make a determined attempt to prevent dental disease in the near future.

A high proportion of adolescent girls are developing deformed feet as a result of unsuitable footwear. It is well known that bunions are common in women but rare in men. Many older women are unable to keep their shoes on all day, but have to take them off whenever they get an opportunity. Is it not absurd for young women to pay a penalty of 40 years painful feet for the dubious advantage of appearing "Smart" in fashionable footwear for a few years? Since deformed feet are ugly they soon fail to look smart in spite of continuing wearing "fashionable" shoes. "Casual" and "Court" shoes only stay on the foot by virtue of gripping the toes. They must, therefore, exert pressure on the toes and tend to cause deformity. Shoes which grip the toes and not the instep should not be worn. It is high time that the arbiters of fashion awoke to their responsibilities and required an instep fastening of some sort as an essential. Even where an instep fastening is provided deformity of toes could result from the use of high heels, for high heeled shoes have soles which form steep inclines. The body-weight acting upon these inclined soles results in a force thrusting the toes into the pointed ends of these shoes. Thus even if the shoes fit perfectly when the wearer is seated, high heeled shoes may cause pressures leading to deformity as soon as the wearer stands up. Instep fastenings would have to be extremely well designed and robust to prevent this, and since such robust fastenings would be out of keeping with a smart looking shoe, are unlikely to be provided.

A survey of feet has been conducted recently and new lasts have been designed for manufacturers to use. Let us hope that this will result in an improvement in actual shoe shapes. There is a real risk however that, since the feet of the present generation have already been deformed by bad footwear the new last shapes may reflect this. In addition, however well shaped the shoe, casual shoes and high heeled shoes will lead to deformity.

Present day "spike" type very slender heels are objectionable on other grounds, for they may cause injury to others if the wearer treads on another's foot. It is high time that such footwear went out of use.

The public may be able to do a little by only buying the better designed shoes. The manufacturers blame the public for the position, but since it is almost impossible to buy a really adequately designed ladies shoe in the shops to-day, this is not really fair.

Perhaps the real way to bring manufacturers to their senses would be for the girls and women to refuse to buy current unsuitable designs and buy mens or boys shoes instead! If this were done on a national scale, we should soon have the position remedied.

All disease is either hereditary or acquired, and may be due to either genetic or environmental factors. Since causation is seldom simple these factors are not mutually exclusive. Although the principle cause of a road accident may be the failure of a driver to slow down at a cross roads, hundreds of other factors are involved. The accident would not have occurred had he arrived at the point a few seconds earlier or a few minutes later, had he not possessed a car, not been making that journey, or had a policemen been on duty at the junction. Everything which contributed to his possession of a car and being in that place at that time and in such a state of mind that he failed to slow down can be considered to have contributed to the causation of this driver's accident.

In just the same way the causes of disease in man are complicated and not simple. It is because the causes are always multiple that it is difficult to discover and define them, but the very fact that many factors are involved should facilitate prevention. It matters little which link is cut so long as the chain is broken. The chain may be different for every case and our aim must be to locate those links which are common to the most chains and attack them.

Heredity, diet, smoking habits, atmospheric pollution and occupational exposure to chemical carcinogens are all important links in the aetiology of cancer of the lung. These links in turn depend upon supplementary links; for instance a house with a faulty chimney which smokes a lot resulting in heavy pollution of the air in the house might be an important factor, which may account for cases of cancer of the lung among women who do not smoke and who live in the country. Tuberculosis is not due solely to the tubercle bacillus but also to lack of resistance both hereditary and acquired, to contact with an infected person, overcrowded or substandard living conditions, unsuitable diet and many other factors. Many cases may be prevented by improving housing conditions, by vaccination with B.C.G. to give an acquired resistance and by detecting and isolating infectious cases at the earliest opportunity.

The physical environment, that is to say in addition to climate, all those factors such as housing conditions, purity of water, food and air and infestations with vermin and insects, which it is the district Council's duty to control, provides links in the chain of causation of the majority of diseases. The importance of these factors is consequently far greater than is generally realised. Much of the improvement in health which has occurred in this country in the past 150 years has been due to improved living conditions and not to advances in medical science. In many instances diseases were reduced in incidence long before their aetiology was discovered, entirely as a result of environmental improvement. Some diseases have disappeared completely before their nature was every fully understood, and can never now be investigated. An example of this is the condition which used to be called chlorosis, which was a peculiar form of anaemia common at the turn of the century. It occurred among the girls employed in the basement kitchens of our Victorian ancestors but whether faulty diet, poor ventilation or inadequate solar illumination, work or recreational habits were major factors in causing this disease will never be known.

In the same way we may hope to avoid much disease in the future without ever fathoming the causes. If statistical evidence shows that a disease is common under certain conditions and rare in others, it is reasonable to promote those conditions under which the disease is rare before any definite causal relationship is proven. Where both disease and conditions are due to some common cause which is not eliminated such action will not achieve its object, but may assist in bringing to light the common cause. Since a great many diseases are commoner in the lower social classes than in Social Classes 1 and 2 and one of the main advantages enjoyed by Social Classes 1 and 2 is that of good housing conditions, it is reasonable to hope for a considerable improvement in the health of the less well-to-do members of society as a result of improved housing conditions. Other advantages, formerly available only to the wealthier people are now available to all, and the improved education of the children of to-day should help to reduce disease in future. Education can make a big contribution towards social adjustment and mental health in addition to propogating hygienic habits and an understanding of dietetics to the housewife of tomorrow. With the near elimination of serious financial need as a result of the "Welfare State" it seems likely that much of the advantage formerly enjoyed by Social Classes 1 and 2 may soon disappear. For this to be achieved however, the highest endeavours of district councils in improving housing conditions throughout their areas will be required. However much this may put up the rates the cost is likely to be much lower than that of the medical treatment of illnesses which would be prevented. Medical care to-day is extremely expensive, but only accounts for a small proportion of the cost to the community of disease. To the cost of treatment itself must be added loss of earnings by the sick, the cost of National Insurance payments, National Assistance, and indirect losses due to disorganisation of industry on account of sickness absence. The illness of one member of an industrial team will

affect the productivity of the whole unit. We must therefore endeavour to avoid too much parochial concern with the rates and consider instead the national economy. Viewed in this light environmental services yield a far better return for the expenditure incurred than is realised.

Some people may argue that in improving the living conditions of Social Classes 3 to 5 we may run the risk of increasing the incidence of those diseases which are commoner in Social Classes 1 and 2. This however is a most unlikely event, for the diseases in question, Poliomyelitis, Leukaemia, Cerebro-vascular disease, Coronary heart diseases, hypertension in men and Poliomyelitis, Cancer and Leukaemia in women appear, with the exception of Poliomyelitis, to be more related to other factors such as habits of diet and exercise, and exposure to radiation, than to housing. Since Poliomyelitis should soon fall in incidence as a result of the widespread use of Salk Vaccine, it appears unlikely that any harmful effects would counter the gains which improved environment has to offer.

We must not be satisfied until every house in the district has a bath, hot and cold running water, a water closet, good food storage facilities - preferably in a refridgerator, good cooking facilities and an efficient heating system in addition to adequate living space well illuminated and ventilated. To achieve this we must encourage the greatest possible use of improvement grants, and when the New Housing Bill becomes law, do all we can to persuade people to take advantage of the new Standard Amenity Grants.

For some time the Public Health Department had been understaffed, but during 1958 the council was fortunate in securing the services of another Public Health Inspector, Mr. Blakeway. This will result in a considerable improvement in the administration of environmental health services, and has already had considerable effect. It naturally takes some time for a new district Inspector to become familiar with his area and the full benefit of this appointment will become apparent in 1959. Mr. Blakeway, however, is a keen and efficient inspector who is sure to leave his mark in the district. With new sewage schemes being put in hand at a hitherto unprecedented rate, a considerable extra burden is placed on the Public Health Inspectors, and had the vacancy not been filled, other work would have to have been neglected.

During the summer of 1958, which was a particularly wet one, bacterial pollution occurred at one of the main water sources for the area. This pollution persisted for several months and then subsided again. A careful watch was kept on chlorination which proved at all times adequate. Samples of water were taken following treatment each week and all of these were free from bacteria and of excellent quality. It has not yet proved possible to trace the source of this pollution, but a number of possible sources are under observation. In an endeavour to eliminate some of the worst dangers, the council agreed to put in hand, as soon as possible, sewage disposal schemes for all villages situated on the chalky outcrops which form the gathering grounds for this water source. In addition the extremely dangerous practice of tipping night soil into a disused chalk quarry was discontinued. Night soil disposal on land over the wolds area was also discontinued.

Bacillus coli, the germ which is used as an indicator of faecal pollution, may reach water supplies as a result of the manuring of land in the catchment area. It is, however, human and not animal excrement which is very dangerous, for itis humans and not cattle who are liable to harbour the germs of Typhoid and Cholera. Thus although it is possible that the germs which appeared during the summer at the water source might equally have been of human or animal origin, action has been restricted to control of disposal of human excrement.

Chalk, particularly where it outcrops and lacks any impervious cover does not form a particularly safe water source. This is because it is commonly fissured, and is so soft that water erodes passages though it and can consequently flow rapidly for long distances without undergoing filtration. For this reason, although we should take all action possible to minimise risks of pollution, we cannot rely upon the effectiveness of such measures. A reliable system of chlorination must be maintained in use if risks of outbreaks of Typhoid and Cholera are to be avoided.

Owing to the fissured nature of the chalk, and the many sources of possible pollution, water from even the deepest bores may prove dangerous. Sampling of a number of private deep bores has shown that many are polluted sources. It would be as well for as many premises as possible to be put on mains supplies for this reason. Those beyond reach of the public main should be encourage to fit small chlorinating devices to their supplies. Devices are on the market which automatically dose water with hypochlorite solution, and the smallest of these does this on a domestic scale. Such devices do, however, require intermittent attention in order to secure replenishment of empty bottles of solution, and are not completely fool-proof. With the advant of polythene pipes however, it is now possible to take mains water for considerable distances at reasonable cost and this should, therefore, be done if practicable.

Perusal of the statistics shows that there has been a slight fall in the population, and the birth rate has shown a fall also. The Infant Mortality, Neonatal Mortality, Stillbirths and Perinatal Mortality rates are all at a satisfactory level. With regard to infectious diseases, the figures do not differ significantly from the previous year. This may appear surprising in view of the fact that measles epidemics occur biennially, but is accounted for by the fact that in this area these epidemics have been occurring in alternate winters, so that half the cases occur in the old and half in the new year. In 1958 the vast majority of cases of measles occurred

in the last quarter of the year. Two hundred and sixty five (81%) of the 325 cases occurred at the end of the year and may be considered to be the beginning of the 1959 outbreak. Once more we have been fortunate in this area and escaped any epidemic of poliomyelitis, although a severe outbreak occurred in a neighbouring area.

Towards the end of the year an agricultural worker died of Weils disease. This disease is caused by a spirochaete which infects rats and is excreted in the urine of infected rodents. It is transmitted to man through cuts, scratches or abrasions of the skin immersed in water contaminated by rat urine. Persons engaged in cleaning out ditches, and sewer workers are exposed to a special occupational hazard from this disease. In this area not only is there a very big rat population, but an extremely high proportion of the rats in the area are reported to be infected with this spirochaete. It is therefore apparent that the risk to man in this area is higher than average. Steps were therefore taken to design and produce cards for issue to all personnel whose work involves risk of this disease. These cards give advice about precautions to be taken to prevent infection, and in addition recommended early medical advice in case of illness with a reminder of the special hazard to the doctor.

This system of warning cards has been used by London sewer workers for many years, and should materially reduce the risks of further fatalities. In addition more intensive rodent control action was recommended, and an additional part-time man was sought to assist in this work.

It seems likely that the high incidence of leptospirosis in local rats may be due in part to the flat territory and resulting slow rate of flow in ditches and streams. Infected material entering a stream may take a long time to reach the sea, and during that time may infect further rats.

For the same reason there is some risk to persons bathing in the rivers in the area, and persons who have any cuts or scratches in their skin would be well advised not to bathe. There is also a lesser risk to all bathers, since Leptospira Icterohaemarrhagiea is alleged to be capable of passing through mucous membranes of eye and nose.

The number of new houses completed during the year was far from adequate, and the rate of slum clearance which is perforce tied to that of house building was insufficient. The reason for this was the extremely high rate of interest on loans resulting from the high bank rate prevailing at the time. It is to be hoped that in future a more adequate rate of house building and slum clearance can be maintained.

Good progress was made during the year of sewerage schemes. Work continued on the sewering of New Holland and Barrow, while the scheme for Goxhill awaited ministerial authority to proceed. Work started on the joint scheme for the villages of Hibaldstow and Scawby with the village of Hibaldstow in November, 1958 and at Scawby early in January, 1959. A scheme was in the final stages of preparation for the village of Burton Stather.

There was only one small outbreak of food poisoning in the area during 1958. This affected only 3 people who had eaten pork pies made in an adjacent authority's area. The responsible agent was the enterotoxim produced by a staplylococcus. By phage typing this was shown to be identical with the germ responsible for an outbreak of food poisoning which had occurred in the neighbouring authority due to pies from the same manufacturer. Investigations by the neighbouring authority had shown that a worker in the bakery who had had a cut on his finger harboured this germ in his nose. It seem, therefore, that from this source germs entered the pies, and these germs multiplied in the pies and produced their poison during the time the pies were on display in the shop prior to sale. Since it is very difficult to make quite certain no bacteria reach food, a risk of such incidents will remain until shopkeepers learn to keep dangerous foods as cooked meats and meat pies in refrigerated cases. Germs thrive in moist foods and multiply rapidly unless the temperature is kept low. Such foods can become dangerously poisoned after a day or two on the sun-warmed shelf of the shop window. Pies should have the date of manufacture marked on the pastry and be discarded after 3 or 4 days.

During July an outbreak of vomiting occurred in the villages of Howsham and Cadney. Twenty two of the seventy one children who attended the Howsham School were affected, and a number of children below school age, children attending other schools and adults were also affected. There was no common food consumed by these people although 17 had had school meals. Laboratory examination of faeces yielded negative results. The disease appeared to be an infection with an incubation period of 2 days and was therefore presumed to be "Winter Vomiting Disease".

Another outbreak of this type occurred in Kirmington and Croxton at the end of November. Twenty two of the 38 children attending Kirmington school were affected and 5 cases occurred in contacts below school age. In this outbreak also there was no common food or milk or water supply, and the evidence suggested an infection with an incubation period of 2 days. Laboratory tests of faeces were again negative and this too must be presumed to be virus Winter Vomiting Disease.

In December cases of diarrhoea and vomiting were reported in East Halton. On investigation it was found that children attending the school were primarily affected. This outbreak was not reported to me until after the schools had closed for Christmas and it was not therefore possible to discover the total numbers of school children affected. Many were found by house to house visiting and 17 school children are known to have been affected. Specimens from 6 were sent to the laboratory and all were reportedpositive for Shigella sonnei, the germ of Sonne Dysentery.

As I explained to you in last year's Report, dysentery is spread nowadays by fingers contaminated from toilet fittings and other peoples contaminated hands. Schools where numbers of children with indifferent standards of hygiene use communal toilets form an ideal place for spread to occur. Even when adequate washing facilities exist and are used, fingers may be re-contaminated in turning off the tap and communal roller towels soon become contaminated. In addition many children suck their fingers or thumbs while in the toilet and so infect themelves before washing can protect them. For these reasons this is a difficult condition to control. Advice on measures to reduce the risk of further spread in schools was however circulated to all schools in the area. I believe that these measures may have prevented much more extensive spread in early 1959 than did in fact occur. The involvement of large secondary schools attended by brothers and sisters of children infected at East Halton school was apparently avoided, although outbreaks did occur in a number of other village schools.

In conclusion I must express my thanks to you all for your co-operation and encouragement during the year, and also thank the staff of the department and in particular Mr. McIntosh for their co-operation. I am indebted to Mr. McIntosh for much of the information contained in this report, and of course for the report of the Public Health Inspector herein contained. I feel sure the council will also wish to join me in thanking the Public Health Inspector for Barton-on-Humber for visiting the Barrow water source weekly during the year and taking samples of raw and treated water. This has greatly eased the load which would otherwise have fallen upon your staff and also saved considerable travelling expense.

Although in return a Public Health Inspector from this district covers the Barton inspector during his occasional absences, the work involved in this weekly sampling has been great. Owing to the appearance of pollution, at times the frequency of sampling was increased to 2 or 3 times per week, and has proved invaluable.

I am,

Your obedient Servant.

(Signed) J.S. Robertson.

General description of the district.

The Rural District of Glanford Brigg covers an area of about 136,595 acres, and includes 41 parishes. The population is 32,980.

Although the main industry is agriculture, there are a number of industries in the district, including iron ore mines, chalk quarries, beet sugar manufacture, ship building and repairing, the manufacture of cement, bricks, artificial manure and poultry food, and the refining of oil. There are many other small industries. Many inhabitants of the district are employed in the steelworks in the Borough of Scunthorpe and a large number are also employed at Immingham Docks.

Area of the district	136,595 acres.
Population of the district (1958)	32,980.
Number of inhabited houses.	10,770.
Rateable Value 1958/59.	£283,012.
Product of a penny rate 1958/59	£1,150.

VITAL STATISTICS.

	1956	1957	1958
Mid-year Populations.	32,980	33,080	32,780
Live Births	493	535	563
Stillbirths	18	19	9
Infant deaths under 4 weeks of age	7	6	9
Total deaths	318	325	383

	Legitimate			Illegitimate			TOTAL
	Male	Female	Total	Male	Female	Total	
Live Births	255	280	535	10	18	28	563
Stillbirths	3	6	9	-	-	0	9
Infant deaths under 1 year of age.	8	5	13	-	-	0	13
Infant deaths under 4 weeks of age.	5	4	9	-	-	0	9

	Glanford Brigg Rural District		England and Wales
	1958.	1957.	1957.
Crude Birth Rate (per 1,000 pop.)	14.45	16.13	16.1
+ Corrected Birth Rate (per 1,000 pop.)	15.17	16.94	(16.1)
Stillbirth Rate (per 1,000 total births)	15.75	34.4	22
Infant Mortality Rate (per 1,000 live Births).	23.1	14.95	23
Neonatal Mortality Rate (per 1,000 live births).	16.0	11.2	16
x Perinatal Mortality Rate (per 1,000 total births).	28.0	x 45.2	35.8
Illegitimacy Rate (per 100 total live births).	4.98	5.6	4.8
Crude Death Rate (per 1,000 pop).	11.7	9.83	11.5
+ Corrected Death Rate.	12.4	10.4	(11.5)

+ These corrections take account of the differing proportions of old and young people in the area, and make the resulting rate comparable with that for England and Wales. Hence a health resort to which old people retire and die would have a high crude rate and a low comparability factor to compensate, whereas an industrial area with few old people would have a low crude rate and a high comparability factor. The comparability factor for this district is 1.05 for births and 1.06 for deaths.

x The perinatal mortality rate used this year takes account of stillbirths and infant deaths under the age of 1 week. It is the same as that employed by the Registrar General. The figure for 1957 was based on deaths of infants under the age of 4 weeks in addition to stillbirths and is not strictly comparable.

CAUSES OF DEATH IN THE DISTRICT IN 1958.

This table gives the causes of death in accordance with the abbreviated list of 36 groups of the World Health Organisation Nomenclature Regulations, 1948.

Causes of Death	Male	Female
1. Tuberculosis, respiratory	1	-
2. Tuberculosis, Other	-	-
3. Syphilitic disease	1	-
4. Diphtheria	-	-
5. Whooping Cough	-	-
6. Meningococcal infections	-	-
7. Acute Poliomyelitis	-	-
8. Measles	-	-
9. Other infective and parasitic diseases	3	-
10. (Malignant neoplasm, stomach	8	3
11. (Malignant neoplasm, lung, bronchus	11	1
12. x (Malignant neoplasm, breast	1	6
13. (Malignant neoplasm, uterus	-	3
14. (Other Malignant and Lymphatic neoplasms	27	13
15. Leukaemia, aleukaemia	1	-
16. Diabetes	1	2
17. Vascular lesions of nervous system	22	35
18. Coronary disease, angina	34	27
19. Hypertension with heartdisease	2	5
20. Other heart disease	26	38
21. Other circulatory disease	6	6
22. Influensa	2	2
23. Pneumonia	5	3
24. Bronchitis	8	6
25. Other disease of the respiratory stystem	1	2
26. Ulcer of stomach and duodenum	3	1
27. Gastritis, enteritis and diarrhoea	3	-
28. Nephritis and nephrosis	1	-
29. Hyperplasis of prostate	1	-
30. Pregnancy, childbirth and abortion	-	-
31. Congenital malformations	2	-
32. Other defined and ill-defined diseases	19	24
33. Motor vehicle accidents	5	2
34. All other accidents	4	4
35. Suicide	2	-
36. Homicide and operations of war	-	-
Total	200	183

x Malignant neoplasm means cancer.

Particulars of immunisations and vaccinations carried out in the Glanford Brigg Rural District during 1958.

	Under five years of age at date of immunisation.	Between five and fourteen years of age at date of immunisation.	Boosting Doses.
Diphtheria Immunisation	6	30	311

	Under 1	1	2	3	4	5 - 9	10 - 14	Total
Diphtheria and Whooping Cough Immunisation.	86	25	3	-	-	4	-	118
Diphtheria, Tetanus and Whooping Cough Immunisation.	61	18	2	-	2	2	-	85
Diphtheria Tetanus Immunisation.	-	3	2	1	-	2	-	8
Whooping Cough and Tetanus Immunisation.	-	-	-	-	-	-	-	-
Whooping Cough Immunisation.	4	-	-	-	-	-	-	4

Smallpox.	Under 1	1 - 4	5 - 14	15 or over	Total
Vaccination	183	35	25	69	312
Re-Vaccination	-	1	-	35	36

Tetanus	Under 1	1 - 4	5 - 14	15 or over	Total
Vaccination	-	-	-	2	2

Vaccination against Tuberculosis.

B.C.G. Vaccination is offered to all school children on attaining the age of 13, and of those whose parents consent to this the children who fail to react to a tuberculin test are vaccinated.

This proceedure has been shown by a Medical Research Council trial to reduce the risk of tuberculosis among those protected by two-thirds. The response to the offer of this proceedure has been good.

Poliomyelitis Vaccination.

Considerable further progress has been made in connection with poliomyelitis vaccination. Both American and British vaccines were used during the year. Vaccination is now available to everyone below the age of 25, but the response has been greatest among school children. There is some evidence that poliomyelitis vaccination in the U.S.A. has produced a fall in the incidence of the paralytic disease in excess of that expected. Efforts will have to be made to increase the acceptance rate in the higher age groups before the same results can be achieved in England.

TABLE OF NOTIFICATIONS OF INFECTIOUS AND OTHER DISEASES BY AGE GROUPS.

DISEASE	0+	1+	2+	3+	4+	5+	10+	15+	25+	45+	65+	N.K.	Total.
Measles (exc. rubella)	9	16	21	26	43	177	27	2	4	-	-	-	325
Whooping Cough	3	2	3	2	2	15	1	-	1	-	-	-	29
Scarlet Fever	-	-	2	4	3	23	5	-	-	-	-	1	38
Ac. Poliomyelitis (P)	-	-	-	-	-	-	1	-	1	-	-	-	2
Ac. Poliomyelitis (N.P.)	-	-	-	-	-	-	-	-	-	-	-	-	-
Smallpox	-	-	-	-	-	-	-	-	-	-	-	-	-
Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-
Dysentery	-	1	2	-	-	4	6	-	2	3	2	-	20
Meningococcal Infection	-	1	-	-	-	-	-	-	-	-	-	-	1
Ac. Pneumonia	1	-	-	-	-	-	1	1	2	7	3	-	15
Ac. Encephalitis (Inf.)	-	-	-	-	-	-	-	-	-	-	-	-	-
Ac. Encephalitis (Post-inf.)	-	-	-	-	-	-	-	-	-	-	-	-	-
Enteric Fever	-	-	-	-	-	-	-	-	-	-	-	-	-
Paratyphoid Fever	-	-	-	-	-	-	-	-	-	-	-	-	-
Erysipelas	-	-	-	-	-	-	-	-	-	-	-	-	-
Food Poisoning	-	-	-	-	-	-	-	-	-	1	2	-	3
Tuberculosis Respiratory	-	-	-	1	-	-	-	-	1	3	-	-	5
Tuberculosis Meninges & C.N.S.	-	-	-	-	-	-	-	-	-	-	-	-	-
Tuberculosis Other	-	-	-	-	-	-	1	1	-	-	-	-	2
Total:	13	2[illegible]		33	48	219	42	4	11	14	7	1	440

FOOD POISONING.

	Quarter				TOTAL
	1	2	3	4	
1. Food poisoning notifications as returned to the Registrar General.	Nil	Nil	3	Nil	3
2. Cases otherwise ascertained.	Nil	Nil	Nil	Nil	Nil
3. Fatal cases.	Nil	Nil	Nil	Nil	Nil

4. Particulars of outbreaks.

	No. of outbreaks.		No. of cases.		Total No. of cases.
	Family outbreaks	Other outbreaks	Notified	Otherwise Ascertained.	
Agent identified +	-	1 (c)	3 (c)	-	3 (c)
Agent not identified.	-	-	-	-	-

5. Single cases.

Number of single cases notified or otherwise ascertained - Nil.

6. Salmonella infections, not food-borne.

Number of cases (outbreaks and single cases) Notified or otherwise ascertained. - Nil.

+ Classified according to agents:-

(a) Chemical Poisons
(b) Salmonella.
(c) Staphylococci.
(d) Cl. Botulinum.
(e) C. Welchii.
(f) Other bacteria.

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HOUSING.

Total number of new houses erected during the year	108.
(i) By the Local Authority	26.
(ii) By other local Authorities	Nil.
(iii) By other bodies or persons	82.

Housing Repairs and Rents Acts, 1954-57.

Number of certificates of disrepair issued	24.

Inspection of dwelling houses during the year.

(i) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	147.
(ii) Number of inspections made for the purpose	193.

Remedy of defects during the year without service of formal notices.

Number of defective dwelling houses rendered fit in consequence of informal action by the local authority or their officers	47.

Action under statutory powers during the year.

(i) Proceedings under Public Health Acts:-

(a) Number of dwelling houses in respect of which notices were served requiring defects to be remedied	7
(b) Number of dwelling houses in which defects were remedied after service of formal notices	Nil.

(ii) Proceedings under the Housing Acts:-

(a) Number of dwelling houses in respect of which notices were served requiring repairs	1.
(b) Number of dwelling houses which were rendered fit after service of formal notices	Nil.
(c) Number of certificates of disrepair issued	Nil.

(iii) Slum Clearance - proceedings under the Housing Acts:-

(a) Number of dwelling houses in respect of which Demolition Order were made	11.
(b) Number of dwelling houses demolished in pursuance of Demolition Orders	5.
(c) Number of dwelling houses, or parts, subject to Closing Orders	6.
(d) Number of dwelling houses, or parts, rendered fit by undertakings	Nil.
(e) Number of dwelling houses included in confirmed Clearance Orders	Nil.
(f) Number of dwelling houses demolished in pursuance thereof	Nil.
(g) Total number of dwelling houses on which Demolition Orders are operative and which are still occupied except under the provisions of sections 34, 35 and 46 of the Housing Act, 1957	8.
(h) Total number of dwelling houses occupied under sections 34, 35, and 46 of Housing Act, 1957	Nil.
(i) Houses demolished or closed voluntarily by owners which would otherwise have been the subject of statutory action to secure demolition or closure	26.

(iv) Nissen Huts or other similar Hutments:-

Number still occupied	48.

It is anticipated that the occupants of these Hutments will be rehoused by 31st March, 1960.

Housing Acts - Overcrowding.

(i) Number of cases of overcrowding relieved during the year	Nil.
(ii) Number of dwellings overcrowded at the end of the year	Not known.

Housing Act, 1949.

(i) Number of houses for which applications for grants have been received	102.
(ii) Number of houses subject to grant	101.
(iii) Number of houses owned by local authority which have been the subject of grant aid by the Ministry	Nil.

Moveable dwellings, Tents, Vans, etc.

(i) Number of site licences	3.
(ii) Number of individual licences	17.
(iii) Total number of caravans permitted under above licences	191.
(iv) Number of inspections made during the year -	
a) Sites	3.
b) Dwellings	17.

FOOD PREMISES.

Bakehouses.

(i) Number in the district	3.
(ii) Number of inspections	12.
(iii) Number of contraventions	Nil.
(iv) Number of defects remedied	Nil.

Milk Supplies.

(i) Number of distributors on register -	
a) Sterilised	71.
b) Pasteurised	46.
c) T.T.	2.
(ii) Number of samples of milk taken in course of delivery (other than bilogical)	Nil.
(iii) Number of inspections of dairy premises	124.
(iv) Number of contraventions of Regulations	Nil.

Ice Cream.

(i) Number of manufacturers on register	2.
(ii) Number of premises licensed for the sale of ice cream	99.
(iii) Number of inspections of premises made	33.
(iv) Number of contraventions found	Nil.
(v) Number of samples taken	Nil.

Meat Products.

(i) Number of premises registered for manufacture of meat products	27.
(ii) Number of inspections made	45.
(iii) Number of contraventions found	2.
(iv) Number of contraventions remedied	2.

Other Food Premises.

(i) Number of inspections	45.
(ii) Number of contraventions found	6.
(iii) Number of contraventions remedied	4.

Slaughterhouses.

(i) Number licensed -	
a) Abattoir type	Nil.
b) Private (individual)	14.
(ii) Number operated by local authority	Nil.

UNSOUND FOOD.

Meat Inspection.

The following table gives details of meat inspection work carried out during 1958:-

Carcases Inspected and Condemned in Whole or in Part.

	Cattle excluding Cows.	Cows.	Calves	Sheep and Lambs.	Pigs.
Number Killed	2236	-	1	5111	2371.
Number inspected	2236	-	1	5111	2371.
All diseases except Tuberculosis and Cysticerci :-					
Whole carcases condemned	1	-	-	-	-
Carcases of which some part or organ was condemned.	292	-	-	5	4
Tuberculosis only:-					
Whole carcases condemned	-	-	-	-	-
Carcases of which some part or organ was condemned.	130.	-	-	19	-
Cysticerosis:-					
Carcases of which some part or organ was condemned.	1	-	-	-	-
Carcases submitted to treatment by refrigeration.	-	-	-	-	-
Generalised and totally condemned.	-	-	-	-	-

Other Foods Condemned.

6 tons 12 cwts. Belgian potatoes.

1 x 7 lb. Tin Ham.

Method of Disposal of Condemned Food.

Meat - Removal to licensed Offensive Trade Establishment.

Other Foods - Tipping.

WATER SUPPLIES.

Wells.

(i)	New wells sunk	Nil.
(ii)	Cleansed, repaired	Nil.
(iii)	Closed as polluted	4.

Public Supply.

(i)	Percentage of houses supplied	83%
(ii)	Area supplied	100%
(iii)	New cisterns provided	Nil.
(iv)	Cisterns cleansed, repaired, covered etc.	Nil.

Water Samples obtained for analysis.

	Class			Total
	I	II	III	IV
From public supplies	18	3	-	-	21
From private supplies	11	7	-	7	25

From Barrow bore. (Taken by the Barton-on-Humber P.H.I. on behalf of the R.D.C.)

Raw Water Samples		
Coliforms present	Coliforms not present	Total
48	55	103

Chlorinated Water Samples				
Excellent	Satisfactory	Doubtful	Unsatisfactory	Total
49	1	-	-	50

DRAINAGE AND SEWERAGE.

Closets.

(i)	Number of houses with privy vaults in the district	17
(ii)	Number of houses with pail closets in the district	4783
(iii)	Number of pail closets repaired	Nil.
(iv)	Number of water closets substituted for pail closet and privy vaults	131
(v)	Number of houses with water closets in the district	5592.
(vi)	Number of water closets repaired	Nil.
(vii)	Number of notices served	Nil.

Drains.

(i)	Drains examined, tested, exposed, etc.	693
(ii)	Drains unstopped, repaired, trapped, etc.	197
(iii)	Waste pipes, rainwater pipes, disconnected, repaired	-
(iv)	New soil pipes or ventilating shafts fixed	-
(v)	Drains reconstructed	61
(vi)	Number of notices served	-

Sewers.

(i)	New lengths laid	2
(ii)	Number of open sewers cleansed	131
(iii)	Lengths of open sewers cleansed	665 chains.

Cesspools.

(i)	Cesspools rendered impervious	Nil.
(ii)	Cesspools emptied, cleansed, etc.	115.
(iii)	Cesspools abolished	3.

GENERAL.

Offensive Trades.

(i)	Number of premises in the district	1.
(ii)	Number of inspections	5.
(iii)	Contraventions of bye-laws	-
(iv)	Contraventions remedied	2.

Shops Act, 1950.

(i)	Number of shops inspected	98.
(ii)	Number of defects found	15.
(iii)	Number of defects remedied	7.

Disinfection and Disinfestation.

(i)	Number of rooms or premises disinfected	-
	(a) Infectious disease other than tuberculosis	4
	(b) Tuberculosis	Nil.
(ii)	Number of premises subject to disinfestation	7.

Refuse Collection and Disposal.

(i)	Percentage of premises from which refuse is collected	95%
(ii)	Frequency of collection	Fortnightly.
(iii)	Method of disposal	Tipping.
(iv)	Number of complaints of non-removal	49.

Nuisances.

(i)	Number of nuisances during the year abated as a result of informal action by the Public Health Inspector	38.
(ii)	Number of nuisances reported to the Council	Nil.

Details of Nuisances Abated.

	After Informal Intimation	After Statutory Notice
Smoke	-	-
Accumulation of refuse ..	4	-
Foul ditches, ponds and Stagnant Water	3	-
Drainage	12	-
Poultry and Animals ..	4	-
Dangerous Premises ..	4	-
Miscellaneous Nuisances	11	-

Administration of the Factories Act, 1937 and 1948.

(a) Inspection for the purposes of provisions as to health.

Premises	No. of Premises on Register.	No. of Inspections.	No. of Written Notices.	No. of Occupiers Prosecuted.
(i) Factories in which sections 1,2,3,4 and 6 are to be enforced by Local Authorities.	4	13	-	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority.	85	52	-	-
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-worker's premises)	15	15	-	-
Total	104	80	-	-

(b) Cases in which defects were found.

Particulars.	Number of cases in which defects were found.				Number of cases in which prosecutions were instituted.
	Found	Remedied	Referred To H.M. Inspector.	Referred By H.M. Inspector.	
Want of cleanliness (S.1.)	-	-	-	-	-
Overcrowding (S.2.)	-	-	-	-	-
Unreasonable Temperature (S.3)	-	-	-	-	-
Inadequate ventilation (S.4)	-	-	-	-	-
Ineffective drainage of floors (S.6)	-	-	-	-	-
Sanitary Conveniences (S.7) :-					
(i) Insufficient	-	-	-	-	-
(ii) Unsuitable or defective.	3	3	-	-	-
(iii) Not separate for sexes.	-	-	-	-	-
(iv) Other offences against the Act (not including offences relating to outwork).	-	-	-	-	-
Total:	3	3	-	-	-

Outwork.

Number of outworkers in the district .. .. 1.